

# Foster Family Home - Corrective Action Report

Provider ID: 1-140044

Home Name: Maricel Ballares, NA

Review ID: 1-140044-5

94-1065 Lumiauau Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 5/14/2019

Foster Family Home

Required Certificate

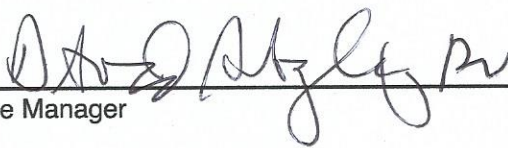
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 5/14/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 2 bed certification.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date